Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 2-11-07 | Address: | 1600 7 | BLOCK | |
|---------------------------------------|--|-----------------------------------|--|-----------------------|----------------|
| Case #: | | | HOUSE | HOUER ROAD | |
| County: | POSEY CO. NARCORUS L | lut | MTNERI | DON, INDIAN | |
| | | ÷ | | , | |
| Type of L | aboratory Seizure (check one |) Saizura I | ocation (al) | -11 4b-4 1 .) | |
| Operational Lab | | | Seizure Location (check all that apply) | | |
| Chemical/Glassware/Equipment (only) | | Reside | <u> </u> | Hotel/Motel | |
| Dumpsite (only) | | | ☐ Outbuilding ☐ Open – No Structure ☐ Other: | | |
| • | | | | J Office. | |
| Items For | and (check all that apply) | C7L 21 A | | | |
| | | | Child under age 18 discovered (check one) | | |
| | n/Ammonia Reaction(s) cosphorous/Iodine Reaction(s) | Yes | (aumout prosum) | | |
| Flamm | able Solvents | | renort to Child D | | • |
| | Reactive Metal (Lithium) | 11 yes, 1ax | report to Child Pr | otective Services | 1 |
| Anhyd | rous Ammonia | | | | |
| | chloric Acid Gas Generator(s) | នេះមហាស់ខ្លួនមួយម៉ាក់ (១) (១) (១) | Markey and Albert | Always and some light | |
| FFERRE | ive Acid ive Base | | | | |
| | STRIFED OUT BATTELY ANSIN | | | | * * * |
| | small Starting remis ca | 2 250 501 | THE PILITA | | |
| | ENTIT GALLOW CAN CAMA | • | | | |
| This repo | rt is to be faxed to the follow | ving agencies that s | erve the locati | on: | |
| Fire Depar | tment | BLACK Cungan | VOL. FD | Fax 8/2-83 | 8.0950 |
| Health Department: | | Pesser Co. Health Dept. | | Fax 812-83 | 8-8561 |
| Child Protective Services Department: | | 121A- | | Fax | |
| | | | | | |
| | | | | | |
| For further below. | information regarding this m | ethamphetamine lab | oratory, contac | ct the investigatin | ıg officer lis |
| • | | • | 1 | | |
| | | 1 1/ | | | |
| Investigati | ng Officer: June | X X. Xan | | Phone 812 83 | 8-8675 |
| | | | | | |
| ** This fo | orm is to be faxed to the Fire Depart within 24 hours of scene processing | ment, Health Departmer | nt and/or Child Pr | otective Services De | partment |
| *** This fo | rm is to be included with case file, | and a copy sent to the C | landestina Labara | *nor Tanni I andar f | ar ratantias |
| 1 | The second secon | a cop; com to me c. | andesime Labbid | aory ream Leader I(| n retention. |